



# Office of Deaf Services

## Interpreter Exchange Program Application

Name				Date of Birth	
Address		City	State	Zip Code	Phone Number
Email Address			Agency/Employer		
<b>Highest Education Completed:</b> <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate					
<b>MO-BEI Certification:</b> <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Master <input type="checkbox"/> Other: _____ <input type="checkbox"/> None					
<b>RID Certification:</b> <input type="checkbox"/> NIC <input type="checkbox"/> NIC Advanced <input type="checkbox"/> NIC Master <input type="checkbox"/> CI <input type="checkbox"/> CDI <input type="checkbox"/> Other: _____ <input type="checkbox"/> None					
<b>Other Certification (please describe):</b> _____					

Please answer the following questions thoroughly. Attach additional pages if needed.

1. What experience do you have in interpreting in the mental health field?
2. What training have you received in mental health interpreting?
3. Why do you want to participate in the Interpreter Exchange Program?
4. How do you plan to use this training in the future?

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**For DMH Use Only**

Approved: Yes No    Date hours completed: \_\_\_\_\_    ODS Director Signature: \_\_\_\_\_

November 2016